DOCUMENT RESUME

ED 145 291 CG 011 762

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TITLE A Validation Study of a Measure of Giving and Receiving Care.
PUB DATE 76
NOTE 10p.; Paper presented at the Annual Meeting of the American Psychological Association (84th, Washington, D.C., September 3-7, 1976)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS Behavioral Science Research; *Behavior Patterns; Emotional Response; *Helping Relationship; *Interpersonal Relationship; *Measurement Instruments; Motivation; *Self Actualization; Sex Differences; *Validity
IDENTIFIERS *Caring

ABSTRACT

The importance of the role of caring in human behavior has recently been recognized as Mayeroff conceptualizes caring as a process of helping the other to grow and actualize himself. The purpose of this paper is to present a validation study of a self report inventory of giving care and receiving care. The reliability of the former was .799, the latter, .832. Both instruments consisted of 50 items which were scored on a five-point score from most like me to least like me. The two inventories were presented to 117 persons. There were 61 carers and 56 non-carers which included 60 males and 57 females. Role theory was used to categorize carers and non-carers. Two 2 x 2 ANOVAs were used to analyze the results. On the caring inventory, carers differed significantly from non-carers, and six interacted with caring. No significant differences were found on the receiving care inventory. (Author)

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A Validation Study of a Measure of Giving and Receiving Care

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Paper presented at 1976 American Psychological Association Conference

CG011782

Introduction

The absence, until quite recently, of any serious attempts by social scientists to describe the role of caring in human behavior raises a serious question about this significant omission. Jules Henry (1965) has noted this absence in terms of a fundamental bias toward conflict and competition shared by psychology, sociology, and anthropology. He states " . . . although sociology swells its chest with a thousand 'conflict theories', it has none on compassion. Because in the chesty American view, which sociology continues to express in a supine and opportunistic way, conflict is the source of all progress. Life without conflict seems stale to the American elites; and compassion, which is a low paid motivation, has been relegated to the fringes of the low paid segments of the culture and has never been a subject for research."

This conceptual bias has made it impossible for social scientists to ascribe behavior to caring, concern, or compassion. Instead, it is ascribed to various forms of individual self-interest as need-fulfillment, mastery, and need for dominance.

The first significant attempt to describe caring can be seen in Sullivan's (1953) discussion of maternal "tenderness." The observed activity of the infant arising from the tension of needs induces tension in the mothering one which is experienced as tenderness and as impulsion to activities towards a relief of the infant's needs . . . this, in its way, is a definition of tenderness." This concept has been further developed by Winnicott (1965) in his paper on the development of the capacity for concern. He states "the word concern" is used to cover in a positive way a phenomenon that is covered in a negative way by the word "guilt". A sense of guilt is anxiety linked with the concept of ambivalence, and implies a

degree of integration in the individual ego that allows for the retention of good object-image along with the idea of destruction of it. Concern implied further integration and further growth, and relates in a positive way to the individual's sense of responsibility, especially in respect to relationships into which the instinctual drives have entered.

Concern refers to the fact that the individual cares or minds, and both feels and accepts responsibility."

The most powerful statement of the significance of caring as a motivation of human behavior has been made by Harold Searles (1973). ". . . innate among man's most powerful strivings towards his fellow man, beginning in the earliest years, and even earliest months of life, is an essentially psychotherapeutic striving. (Psychotherapists merely give expression to) a therapeutic devotion which all human beings share . . . I suggest that the patient is ill because of the developmental vicissitudes of this particular striving. I assert that I know of no other determinant of psychological illness that compares in etiological importance with this one."

A parallel development contemporaneous with this recent recognition of the major importance of caring, concern, and compassion as motivators of human behavior has been Milton Mayeroff's (1971) conceptualization of caring. He defines caring as a process of helping another to grow and actualize himself. He further elaborates on the pattern of caring: "In the context of a man's life, caring has a way of ordering his other values and activities around it. When this ordering is comprehensive, because of the inclusiveness of his carings, there is a basic stability in his life; he is 'in place' in the world, instead of being out of place or merely drifting, or endlessly seeking his place . . . . In the sense in which man can ever be said to be at home in the world, he is at home not through dominating, or explaining, or

appreciating, but through caring and being cared for."

The authors of this paper have been impressed with the clinicians' statements on the importance of caring and concern and have been interested in asking researchable questions of these concepts. The work presented here derives from Mayerhoff's conceptualization of caring and being cared for.

Methodology

The purpose of this paper is to present two validation studies of a self report inventory on giving care and on receiving care. Both the giving care inventory and the receiving care inventory, their reliability, and their factorial studies were reported at the APA in September 1975. Each inventory consisted of fifty statements describing how a person would feel giving care and how she/he would feel receiving care. Examples of statements on the giving care inventory are: I feel comfortable caring for people who are crazy, I feel comfortable caring for old men; When someone asks an irrelevant question, I try to help them; When people make demands on me, I go all out to help them. Examples of statements on the receiving care inventory are: When someone cares for me, I feel loved by them; I feel subservient to the caring person; I feel a sense of peace when someone is taking care of me; When I am being cared for, I am happy.

The items were scored on a five point scale. Those were: most like me, quite a bit like me, uncertain, only a little like me, and least like me. Subjects were asked to read each statement and to decide which category best reflected how they would feel and react to each statement. The response most like me was scored one, the next response in order was scored two and each response was scored in numerical order, the response least like me receiving a five. A score of fifty would, therefore, represent perfect agreement with the statements and a score of two hundred and fifty represent perfect disagree-

ment with the statements.

The reliability of the self report giving care inventory was .799, using Cronbach's alpha coeficient. A reliability of .832 was obtained for the receiving care instrument. A factor analysis of the two self report inventories was performed. For the giving care instrument, four factors emerged. These were: intrapsychic caring, dependence on the carer, empathic caring, and satisfaction in caring. For the receiving care instrument, four factors also emerged. These were: regressive dependency, ambivalence, autonomy, and trust.

In the present validation study, the two self report inventories were administered to 117 individuals. These were composed of 61 carers and 56 noncarers. This group was further subdivided into 60 males and 57 females. Occupations represented among the carers were Nurses, Mental Health Technicians, Physicians, Emergency Medical Technicians, Ministers, and Elementary School Teachers. Noncarers included Engineers, Carpenters, Lawyers, Salesmen, Secretaries, Businessmen, and Science Teachers.

Results

A 2x2 analysis of variance were performed on each self report inventory. There were two levels of caring and two levels of giving.

The means for male carers on the giving care inventory was 106.25, and 135.78 for male noncarers. For female carers the mean was 110.72, and 117.85 for female noncarers. The standard deviation for male carers were 29.23 and 18.08 for male noncarers. For female carers the standard deviation was 29.12 and for female noncarers 18.47. The two major findings were: 1) carers were found to differ significantly from noncarers ($F(1,113) = 16.21,113$, $p < .001$ (1,113) and 2) the interaction between sex and caring was significant ($f(1,113) = 6.05$, 113, $p < .01$) (See Table 1).

The means for male carers on the receiving care self report inventory was 105.36 and 110.788 for male noncarers. For female carers, the mean was 109.89 and for female noncarers the mean was 111.42. The standard deviation for male carers was 20.66, for male noncarers 25,361, for female carers 18.973, and for female noncarers 23.74. No significant differences were found between male and female carers and noncarers. See Table 2.

Table 1

Means and Standard Deviations of the Scores of Male and Female Carers and Noncarers to the Giving Care Inventory

	Sex			
	Males		Females	
	Carers	Noncarers	Carers	Noncarers
N	32	28	29	28
Means	106.250	135.785	110.724	117.857
Standard Deviations	29.237	18.088	29.127	18.478

Table 2

Means and Standard Deviations of the Scores of Male and Female Carers and Noncarers to the Receiving Care Inventory

	Sex			
	Males		Females	
	Carers	Noncarers	Carers	Noncarers
N	105.362	110.788	109.892	111.421
Means	32	28	29	28
Standard Deviations	20.662	25.361	18.937	23.743

Discussion of Results

Each item represented a statement describing the way people feel and react

when they are giving or receiving care. They vary on a five point scale from; this statement is most like me to this statement is least like me. Carers responded significantly different from noncarers in the direction of identifying caring statements as more like them and noncarers identifying these statements as not like them. The inventory does, therefore, discriminate between the two groups. Somewhat more difficult to explain is the interaction between sex and caring. An additional finding is helpful here. The range of scores for female carers is from 63-157, a difference of 94, while the range for female noncarers is 90-147, a difference of only 57. For male carers the range is from 60-159, a difference of 81 and for male noncarers, the range is 110-174, for a difference of 64.

There are at least two possibilities to explain this interdependence between sex and caring. The first is that males distinguish sharply between the characteristics of carers and noncarers. This distinction may reflect both the instrumental role of the male in American society and a sub-culture of males who are challenging this role and who have as an expression of this challenge chosen helping occupations. A second possibility is that it is difficult to select female noncarers by occupation. The list of occupations of female subjects who were classified as noncarers is somewhat problematical. It is possible that if the experimenter had sought out more vigorously women who were engineers and chemists, this difference between female means would have been much greater.

Mayeroff's (1971) position that caring for and being cared for are interrelated, would lead to the expectation that carers and noncarers would differ on the inventory of receiving care. Why do they differ? A possible answer to this question may lie in our tendency to seek self-sufficiency. A tendency which sociologist, Slater (1974), calls the current pathology of Western Culture. The drive for self-sufficiency equates dependency with

vulnerability and self-sufficiency with security. If both carers and non-carers share this pervasive cultural attitude that links receiving care with excessive vulnerability, they would not differ on this dimension.

Summary

This paper presents a validation study of a self report inventory on giving care. The validation used 117 subjects, males and females who were designated carers or noncarers based upon whether they were students of or members of occupations that can be classified as involving services described as caring for others. The self report inventory on giving care discriminates between carers and noncarers. There was also an interactive effect between sex and caring. Means of female carers and noncarers differed only slightly. Means between male carers and noncarers exhibited a much greater spread. This interdependence between sex and caring may be due to the difficulty in obtaining female subjects who are members of clearly defined noncaring occupations.

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